

## DHSP Application for Enrollment

DHSP Program Name: **Morse Community School**

The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

---

Child's Last Name	First Name	Nickname
-------------------	------------	----------

---

School Attending	Grade	Date of Birth
------------------	-------	---------------

---

Parent/Guardian Name

---

Home address

---

Home phone	Cell/Beeper
------------	-------------

---

Work place	Work phone
------------	------------

---

E-mail address

---

Parent/Guardian Name

---

Home address

---

Home phone	Cell/Beeper
------------	-------------

---

Work place	Work phone
------------	------------

What language do you speak at home? \_\_\_\_\_

Can your child speak and understand English? \_\_\_\_\_

If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool experiences?

\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child gains from this program?

\_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?

\_\_\_\_\_  
\_\_\_\_\_

How does your child usually respond to a new experience? Shy? Assertive? Please describe.

\_\_\_\_\_  
\_\_\_\_\_

What do you find most effective in calming your child when he/she is upset?

\_\_\_\_\_  
\_\_\_\_\_

What activities do your child like best? Favorite Toys/Games/Songs/Activities

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any special dietary concerns? Yes \_\_\_ No \_\_\_ If yes, please explain\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child take any regular medication? Yes \_\_\_\_ No \_\_\_\_

Will they need to be administered during the program hours? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs or disabilities (health, physical, emotional)?  
Yes \_\_\_\_ No \_\_\_\_ If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP (Individual Education Plan)?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes \_\_\_\_ No \_\_\_\_  
If yes, in what activities does your child need special attention or assistance? Please  
explain.

\_\_\_\_\_  
\_\_\_\_\_

What additional aspects of your child's physical and/or emotional development would  
you like our staff to know about?

\_\_\_\_\_  
\_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**City of Cambridge**  
**Department of Human Service Programs**  
**Information Release Form – Morse Community School**

\_\_\_\_\_  
(PRINT Child's Name)

\_\_\_\_\_  
(Name of School)

**Please circle one:    NEW STUDENT**

**RETURNING STUDENT**

I am applying for: (Please circle your program choice.)

**Youth Centers**

Area IV Pre-teen

Area IV Teen

Frisoli Pre-teen

Frisoli Teen

Gately Pre-teen

Gately Teen

Moore Teen

West Cambridge Pre-teen

West Cambridge Teen

MSP @ Frisoli

MSP @ Gately

(MSP=Middle  
School Partnership)

**Community  
Schools (CS)**

Cambridgeport CS

Fitzgerald CS

Fletcher Maynard CS

Haggerty CS

Harrington CS

Kennedy CS

King CS

Linnaean CS

**Morse CS**

Tobin CS

**Afterschool  
Childcare**

Fletcher Maynard K-3

King K-2 Room 1

King K-2 Room 2

Morse K-2

Morse 3-5

Peabody K-2

Peabody 2-5

**King Open  
Extended Day  
(KOED)**

**Preschool Childcare**

East Cambridge

Haggerty

King Open

M. L. King

Morse

Peabody

**Recreation**

Camp Rainbow

Saturday Program

Evening Program

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

**Parent/Guardian Name (Please Print):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PERMISSION TO OBTAIN STUDENT RECORDS**  
**(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised 11/09